

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: <b>4/12/17</b>		Bureau/Station/Facility: <b>Century Sheriff's Station</b>		Admin. Invest? <input type="checkbox"/>		Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>							
URN: <b>017-05737-2176-013</b>				Date: <b>4/12/17</b>		Time: <b>0115</b>	
City or Station: <b>Century Sheriff's Station</b>				Nature of Incident: <b>Deputies Timothy Gannon and Shane Lattuca shot and killed Suspect Zelalem Ewnetu during a vehicle burglary investigation.</b>			
Location: <b>North/South Alley Between 91st and 92nd Streets, East of Compton Avenue, Los Angeles</b>							
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: <b>Alley Way</b>		Lighting (check only one): <input checked="" type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Staircase <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit	
Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain		Distance: <b>Less than 15 feet</b>		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy <b>13</b>		Total # of Shots Fired by Suspect <b>0</b>					
<b>Employee Witnesses</b>							
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
<b>Non-Employee Witnesses</b>							
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
Last Name		First Name		M.I.			
Street Address		City	Zip Code	Work Ph	Home Ph		
<b>Supervisors</b>							
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting			
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting			
<b>Watch Sergeant</b>							
Employee #	Last Name	First Name	M.I.				
	<b>Strong</b>	<b>Dru</b>	<b>E</b>				
<b>Watch Commander</b>							
Employee #	Last Name	First Name	M.I.				
	<b>Holguin</b>	<b>Daniel</b>					

SH # **4425342**

## Method

### Type of Injury

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

(RM) Refused Med Treatment  
(NN) NONE

**Caliber**

8)	9 mm	(24)	.243 caliber	(41)	.410 gauge
10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
20)	20 gauge	(35)	.357 caliber	(50)	50 mm
21)	22-250	(36)	30-60 caliber	(5L)	Slug
22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)[illegible]

# Officer Involved Shooting Involved Employee Information

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Involved Employee									
<b>E 1</b>	Employee #	Last Name	Gannon		First Name	Timothy		M.I.	M
	Sex: <b>M</b>	Race: <b>W</b>	Rank: <b>Deputy Sheriff</b>	Unit Assignment: <b>Century</b>	Work Assignment (Unit #, Module, etc.): <b>216F</b>				
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: <b>6.5</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Rad Jacket no Vest <input checked="" type="checkbox"/> Rad Jacket w/ Vest		Other Factors:		
	Age: <b>511</b>	Height: <b>180</b>	Weight: <b>180</b>		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: <b>Berreta</b>		Caliber: <b>9MM</b>	# Shots: <b>2</b>	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
<b>E 2</b>	Employee #	Last Name	Lattuca		First Name	Shane		M.I.	M
	Sex: <b>M</b>	Race: <b>W</b>	Rank: <b>Deputy Sheriff</b>	Unit Assignment: <b>Century</b>	Work Assignment (Unit #, Module, etc.): <b>216F</b>				
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: <b>7</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Rad Jacket no Vest <input checked="" type="checkbox"/> Rad Jacket w/ Vest		Other Factors:		
	Age: <b>600</b>	Height: <b>240</b>	Weight: <b>240</b>		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: <b>S&amp;W M&amp;P</b>		Caliber: <b>9MM</b>	# Shots: <b>11</b>	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
<b>E</b>	Employee #	Last Name			First Name			M.I.	
	Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Rad Jacket no Vest <input type="checkbox"/> Rad Jacket w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		

# **Officer Involved Shooting Suspect Information**

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Suspect Information															
S 1	Last Name			Ewnetu			First Name			Zelalem	M.I.	E			
	AKA Last Name						First Name				M.I.				
	Sex:	M	Race:	B	Street Address:			City:			State & Zip Code:				
	Work Phone:		Home Phone:		Social Security #:			Driver's License #:							
	Age:	28	D.O.B.	5/06/88	Height:	511	Weight:	160	FBI #:	CII #:					
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case?			<input checked="" type="checkbox"/>	Coroner Case #:			2017-02831			Intoxication/Drug Usage?	<input checked="" type="checkbox"/>	Substance Used:	Marijuana, THC	
	Armed?			<input checked="" type="checkbox"/>	Apprehended?			<input type="checkbox"/>	Mental Illness?			<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>	
	Vehicle Make:		Kia	Model:		Forte	Year:		2016	Parole:		Probation:		Prior Felony Conviction:	
	S	Last Name						First Name				M.I.			
AKA Last Name						First Name				M.I.					
Sex:			Race:		Street Address:			City:			State & Zip Code:				
Work Phone:		Home Phone:		Social Security #:			Driver's License #:								
Age:			D.O.B.		Height:		Weight:		FBI #:	CII #:					
Booking #:			Primary Charge:			Secondary Charge:									
Coroner Case?			<input type="checkbox"/>	Coroner Case #:						Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:			
Armed?			<input type="checkbox"/>	Apprehended?			<input type="checkbox"/>	Mental Illness?			<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>		
Vehicle Make:			Model:			Year:			Parole:		Probation:		Prior Felony Conviction:		
S		Last Name						First Name				M.I.			
	AKA Last Name						First Name				M.I.				
	Sex:		Race:		Street Address:			City:			State & Zip Code:				
	Work Phone:		Home Phone:		Social Security #:			Driver's License #:							
	Age:		D.O.B.		Height:		Weight:		FBI #:	CII #:					
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case?			<input type="checkbox"/>	Coroner Case #:						Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:		
	Armed?			<input type="checkbox"/>	Apprehended?			<input type="checkbox"/>	Mental Illness?			<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>	
	Vehicle Make:		Kia	Model:		Forte	Year:			Parole:		Probation:		Prior Felony Conviction:	
	S	Last Name						First Name				M.I.			
AKA Last Name						First Name				M.I.					
Sex:			Race:		Street Address:			City:			State & Zip Code:				
Work Phone:		Home Phone:		Social Security #:			Driver's License #:								
Age:			D.O.B.		Height:		Weight:		FBI #:	CII #:					
Booking #:			Primary Charge:			Secondary Charge:									
Coroner Case?			<input type="checkbox"/>	Coroner Case #:						Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:			
Armed?			<input type="checkbox"/>	Apprehended?			<input type="checkbox"/>	Mental Illness?			<input type="checkbox"/>	Criminal History?	<input type="checkbox"/>		
Vehicle Make:			Model:			Year:			Parole:		Probation:		Prior Felony Conviction:		